

DIGESTIVE CARE PHYSICIANS, LLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

For the purposes of this Notice of Privacy Practices ("Notice"), Digestive Care Physicians, LLC (the "Practice") and the physicians and other health care providers who are members of the Practice's medical staff (the "Medical Staff") work together in an organized health care arrangement to provide medical services to you when you are a patient in one of the Practice's inpatient facilities or outpatient diagnostic and treatment facilities or clinics. However, physicians and other health care providers who are members of the Medical Staff are engaged in the independent practice of medicine and are not employees or agents of the Practice. The Practice and the Medical Staff are referred to collectively in this Notice as "DCP." As health care providers, the DCP providers use confidential personal health information about patients, referred to below as protected health information ("PHI"). DCP protects the privacy of this information, and it is also protected from disclosure by state and federal law. In certain specific circumstances, pursuant to this Notice, patient authorization or applicable laws and regulations, PHI can be used by DCP or disclosed to other parties. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category.

Uses and Disclosures for Treatment, Payment and Health Care Operations. DCP may use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining written authorization from you. In addition, the DCP providers may share your PHI as necessary to carry out its treatment, payment and health care operations related to the organized health care arrangement.

For Treatment. DCP may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider. These types of uses and disclosures may take place between physicians, nurses, technicians, students, and other health care professionals who provide you health care services or are otherwise involved in your care. For example, if you are being treated by a primary care physician, that physician may need to use/disclose PHI to a specialist physician whom he or she consults regarding your condition, or to a nurse who is assisting in your care.

For Payment. DCP may use and disclose PHI in order to bill and collect payment for the health care services provided to you. For example, DCP may need to give PHI to your health plan in order to be reimbursed for the services provided to you. DCP may also disclose PHI to its business associates, such as billing companies, claims processing companies, and others that assist in processing health claims. DCP may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.

For Health Care Operations. DCP may use and disclose PHI as part of its operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of its staff in caring for you, provider training, underwriting activities, compliance and risk management activities, planning and development, and management and administration. DCP may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants, and others for review and learning purposes, to help make sure DCP is complying with all applicable laws, and to help DCP continue to provide health care to its patients at a high level of quality. DCP may also disclose PHI to other health care providers and health plans for such entity's quality assessment and improvement activities, credentialing and peer compliance, provided that such entity has, or has had in the past, a relationship with the patient who is the subject of the information.

Sharing of PHI Among the Practice and the Medical Staff. As an organized health care arrangement, the Practice and the members of the Medical Staff will share with each other PHI that they collect from you as necessary to carry out their treatment, payment and health care operations relating to the provision of care to patients by DCP.

Other Uses and Disclosures For Which Authorization is Not Required. In addition to using or disclosing PHI for treatment, payment and health care operations, DCP may use and disclose PHI without your written authorization under the following circumstances:

As Required by Law and Law Enforcement. GMC may use or disclose PHI when required to do so by applicable law. DCP also may disclose PHI when ordered to do so in a judicial or administrative proceeding, to identify or locate a suspect, fugitive, material witness, or missing person, when dealing with gunshot and other wounds, about criminal conduct, to report a crime, the location of the crime or victims, or the identify, description, or location of a person who committed a crime, to report a death or injury resulting from a boating accident, or for other law enforcement purposes.

For Public Health Activities and Public Health Risks. DCP may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or

problems, or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

For Health Oversight Activities. DCP may disclose PHI to the government for oversight activities authorized by law, such as audits investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

Coroners, Medical Examiners, and Funeral Directors. DCP may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

Organ, Eye, and Tissue Donation. DCP may release PHI to organ procurement organizations to facilitate organ, eye, and tissue donations and transplantation.

Research. Under certain circumstances, DCP may use and disclose PHI for medical research purposes.

To Avoid a Serious Threat to Health or Safety. DCP may use and disclose PHI, to law enforcement personnel or other appropriate persons to prevent or lessen a serious threat to the health or safety of a person or the public.

Specialized Government Functions. DCP may use and disclose PHI to military personnel and veterans under certain circumstances. DCP may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

Workers' Compensation. DCP may disclose PHI to comply with workers' compensation or other similar laws. These programs provide benefits for understanding or enforcement of labor laws.

Appointment Reminders; Health-related Benefits and Services; Marketing. DCP may use and disclose your PHI to contact you and remind you of an appointment at DCP, or to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs. DCP may use and disclose your PHI to encourage you to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value.

Disclosures to You or for HIPAA Compliance Investigations. DCP may disclose your PHI to you or to your personal representative, and is required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. DCP must disclose your PHI to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate DCP' compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Uses and Disclosure to Which You Have an Opportunity to Object. You will have the opportunity to object to these categories of uses and disclosures of PHI that DCP may make:

Patient Directories. Unless you object, DCP may use some of your PHI to maintain a directory of individuals in its facility. This information may include your name, your location in the facility, your general condition (e.g. fair, stable, etc.), and your religious affiliation, and the information may be disclosed to members of the clergy. Except for your religious affiliation, the information may be disclosed to other persons who ask for you by name.

Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care. Unless you object, DCP may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care. DCP may also notify those people about your location or condition.

Other Uses and Disclosures of PHI For Which Authorization is Required. Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which with some limitations you have the right to revoke in writing.

Regulatory Requirements. DCP is required by law to maintain the privacy of your PHI, to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. DCP reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all of the PHI it maintains. Before DCP makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice in all patient entry locations. You have the following rights regarding your PHI:

You may request that DCP restrict the use and disclosure of your PHI. DCP is not required to agree to any restrictions you request, but if DCP does so it will be bound by the restrictions to which it agrees except in emergency situations. Effective February 17, 2010, DCP is required by the Health Information Technology for Economic and Clinical Health

Act (the "HITECH Act") to honor an individual's request to restrict disclosures of PHI to health plans for payment or health care operations purposes if the PHI pertains solely to items and services paid for by the individual in full.

You have the right to request that communications of PHI to you from DCP be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, or by e-mail rather than regular mail. Your requests must be made in writing and sent to the Privacy Officer. DCP will accommodate your reasonable requests without requiring you to provide a reason for your request.

Generally, you have the right to inspect and copy your PHI that DCP maintains, provided that you make your request in writing to the Practice's Department of Health Information Management. Within thirty (30) days of receiving your request (unless extended by an additional thirty (30) days), DCP will inform you of the extent to which your request has or has not been granted. In some cases, DCP may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request paper copies of your PHI or agree to a summary of your PHI, DCP may impose a reasonable fee to cover copying, postage, and related costs. To the extent capable, DCP will comply with your request for a copy of your PHI in an electronic format. If DCP denies access to your PHI, it will explain the basis for denial and your opportunity to have your request and the denial reviewed by a licensed health care professional (who was not involved in the initial denial decision) designated as a reviewing official. If DCP does not maintain the PHI you request, if it knows where that PHI is located it will tell you how to redirect your request.

If you believe that your PHI maintained by DCP contains an error or needs to be updated, you have the right to request that DCP correct or supplement your PHI. Your request must be made in writing to the Practice's Department of Health Information Management, and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), DCP will inform you of the extent to which your request has or has not been granted. DCP generally can deny your request if your request related to PHI: (i) not created by DCP; (ii) that is not part of the records DCP maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, DCP will provide you a written denial that explain the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and DCP's denial attached; and (iii) complain about the denial. You generally have the right to request and receive a list of the disclosures of your PHI that DCP has made at any time during the six (6) years prior to that date of your request (provided that such a list would not include disclosures made prior to April 14, 2003). The list will not include disclosure for which you have provided a written authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment, and health care operations; (ii) made to you; (iii) for the Practice's patient directory or to persons involved in your health care; (iv) for national security or intelligence purposes; or (v) to correctional institutions or laws enforcement officials. You should submit any such request to the Practice's Department of Health Information Management, and within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), DCP will respond to you regarding the status of your request. DCP will provide the list to you at no charge, but if you make more than one request in a year you may be charged a fee for each additional request. You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically. You can receive a copy of this Notice at our Web site, gwinnettsurgicalassociates.com. To obtain a paper copy of this Notice, please contact the DCP Privacy Officer.

You may complain to DCP if you believe your privacy rights with respect to your PHI have been violated by contacting a Practice Patient Representative or the DCP Privacy Officer and submitting a written complaint. DCP will in no manner penalize you or retaliate against you for filing a complaint regarding DCP's privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

If you have any questions about this Notice, please contact the DCP Privacy Officer by Mail at 6300 Hospital Pkwy Ste 450 Johns Creek, GA 30097 or by email at gatic@digestivecarephysicians.com

If you have any questions about your medical records, please contact the Medical Records Department by mail at 6300 Hospital Pkwy Ste 450 Johns Creek, GA 30097 or by telephone at (770) 227-2222 .

Effective Date: August 2014